

FACSIMILE COVER SHEET

Licata & Tyrrell P.C.

66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

October 3, 2003

TO: Examiner Spiegler (TC1600)

GROUP: 1637

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: DEX-0293

SERIAL NO.: 09/995,494

FILED: November 27, 2001

NUMBER OF PAGES: 17

MESSAGE: Attached please find Amendment Transmittal Letter (in duplicate); Reply to Restriction Requirement dated September 4, 2003; Courtesy copy of the Preliminary Amendment as-filed on February 20, 2002 with returned date stamped postcard and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

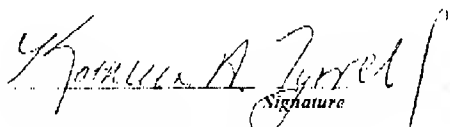
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. DEX-0293
Applicant(s): Salceda et al.			
Serial No. 09/995,494	Filing Date November 27, 2001	Examiner Alexander H. Spiegler	Group Art Unit 1637
Invention: Compositions and Methods Relating to Prostate Specific Genes and Proteins			
<p>I hereby certify that this <u>Reply to Restriction Requirement</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>October 3, 2003</u> (Date)</p> <p><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Kathleen A. Tyrrell</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0293	
Applicant(s): Salceda et al.					
Serial No. 09/995,494	Filing Date November 27, 2001	Examiner Alexander H. Spiegler	Group Art Unit 1637		
Invention: Compositions and Methods Relating to Prostate Specific Genes and Proteins					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: October 3, 2003		
Kathleen A. Tyrrell, Reg. No. 38,350					
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

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PATENT AND TRADEMARK OFFICE

Paper: Amendment Transmittal Letter (in
duplicate with Certificate of
Mailing Stamp) with authorization
to charge deposit account \$280.00
for filing fees; and Preliminary
Amendment.

Applicant(s): Salceda et al.
Serial No.: 09/995,494
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